

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-037398

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 352

Primary Registration District No. _____

Registrar's No. 73

STATE FILE NUMBER

FILED SEP 24 1962

1. PLACE OF DEATH a. COUNTY Taney		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Taney	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Branson		Length of stay in lb 3 hours	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Skaggs Hosp,		d. STREET ADDRESS (If outside, give location) Shhool road	
3. NAME OF DECEASED (Type or print) First RALPH Middle A. Last MORROW		4. DATE OF DEATH Month Sept. Day 13, Year 1962	
5. SEX male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/12/1888
9. AGE (last birthday) 73		10. IF UNDER 1 YEAR Months 9 Days 1	
11. IF UNDER 24 HR Hours Min. 		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME unknown	
14. NAME OF HUSBAND OR WIFE Grace Morrow		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give dates of service none)	
16. SOCIAL SECURITY NO. 		17. INFORMANT William Johnson Okla. City, Okla	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Generalized arteriosclerosis DUE TO (b) Generalized arteriosclerosis DUE TO (c) Sclerotic arteries		INTERVAL BETWEEN ONSET AND DEATH 12 hrs.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. 	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 730 am		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Branson	
20g. COUNTY Taney		20h. STATE Mo	
21. I attended the deceased from 730 am to 10 am and last saw her/him alive on 9/13/62		Death occurred at 10 am on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE D. W. Newcomers		22b. ADDRESS Forsyth, Mo	
22c. DATE SIGNED 9/14/62		22d. NAME OF CEMETERY OR CREMATORY D.W. Newcomers Son's	
22e. LOCATION (City, town, or county) Kansas City, Mo		22f. STATE Mo	
23a. BURIAL, CREMATION, REMOVAL (Specify) cremation		23b. DATE 9/17/62	
23c. FUNERAL DIRECTOR Walter Cobb Branson, Mo		23d. ADDRESS Branson, Mo	
23e. DATE RECD. BY LOCAL REG. 9-15-62		23f. REGISTRAR'S SIGNATURE Dele Campbell	

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

VS 300
Rev. 4/59

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OCT 9 1962

SEP 25 1962

OCT 5 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Walter Cobb

Licensed Embalmer No. 4731

P. O. Address Beaumont, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.